

MEDICATION ADMINISTRATION FORM

Education and Care Services National regulations 2011 (Regulations 92-96) requires that if medication is administered to a child, written permission needs to be given.

Prescribed and Non-Prescribed Medication is to be provided in the original container bearing the original label (expiry dates & instructions) and with a pharmacy label attached. The medication can only be administered before the expiry or use by date.

CHILD'S FIRST NAME AND SURNAME: _____ **DATE OF BIRTH:** _____

NAME OF EARLY YEARS SITE: _____ **ROOM/ GROUP:** _____

To be completed by Parent/ Guardian

DATE	NAME OF MEDICATION TO BE ADMINISTERED	LAST DOSAGE ADMINISTERED		TIME & DATE OR CIRCUMSTANCES UNDER WHICH MEDICATION SHOULD BE NEXT ADMINISTERED		DOSAGE TO BE ADMINISTERED	MANNER IN WHICH MEDICATION IS TO BE ADMINISTERED <small>(oral, topical, inhaled)</small>	I AUTHORISE THIS MEDICATION TO BE ADMINISTERED*	
		DOSAGE		TIME	DATE			TIME	DATE
EXPIRY/ USE BY DATE:		DOSAGE		TIME	DATE			FIRST NAME	SURNAME
		TIME	DATE	TIME	DATE			SIGNATURE	
EXPIRY/ USE BY DATE:		DOSAGE		TIME	DATE			FIRST NAME	SURNAME
		TIME	DATE	TIME	DATE			SIGNATURE	
EXPIRY/ USE BY DATE:		DOSAGE		TIME	DATE			FIRST NAME	SURNAME
		TIME	DATE	TIME	DATE			SIGNATURE	
EXPIRY/ USE BY DATE:		DOSAGE		TIME	DATE			FIRST NAME	SURNAME
		TIME	DATE	TIME	DATE			SIGNATURE	

*Parent or person in the child's enrolment record as authorised to consent to administration of medication.

* I authorise the education and care service to administer the above medication to my child in accordance with the details provided on an ongoing capacity as per my child's MMP.

Comments:

CHILDS FIRST NAME & SURNAME: _____

DATE OF BIRTH: _____

To be completed by Educators

NAME OF MEDICATION	DOSAGE ADMINISTERED		MANNER IN WHICH THE MEDICATION WAS ADMINISTERED <small>(If not administered record the reason)</small>	MEDICATION ADMINISTERED BY		NAME OF PERSON WHO CHECKED DOSAGE TO BE ADMINISTERED & IDENTITY OF THE CHILD		PARENT/ GUARDIAN ACKNOWLEDGEMENT	
						FIRST NAME	SURNAME	FIRST NAME	SURNAME
	DOSAGE			FIRST NAME	SURNAME	TIME	DATE	TIME	DATE
EXPIRY/ USE BY DATE	TIME	DATE		SIGNATURE		SIGNATURE		SIGNATURE	
	DOSAGE			FIRST NAME	SURNAME	TIME	DATE	TIME	DATE
EXPIRY/ USE BY DATE	TIME	DATE		SIGNATURE		SIGNATURE		SIGNATURE	
	DOSAGE			FIRST NAME	SURNAME	TIME	DATE	TIME	DATE
EXPIRY/ USE BY DATE	TIME	DATE		SIGNATURE		SIGNATURE		SIGNATURE	
	DOSAGE			FIRST NAME	SURNAME	TIME	DATE	TIME	DATE
EXPIRY/ USE BY DATE	TIME	DATE		SIGNATURE		SIGNATURE		SIGNATURE	
	DOSAGE			FIRST NAME	SURNAME	TIME	DATE	TIME	DATE



EXPIRY/ USE BY DATE	TIME	DATE		SIGNATURE	SIGNATURE	SIGNATURE
---------------------	------	------	--	-----------	-----------	-----------

Comments: _____

DRAFT